



Disabled American Veteran Application
(15-6-211, MCA)

County

This form, including all supporting documentation, must be returned to your local DOR office before April 15th or no exemption or reduction can be allowed. The exemption or reduction applies to the land up to one acre in size, the veteran's residence, and one attached or detached garage. Additional buildings do not receive the reduction or exemption.

Name: _____

Mailing Address: _____

City, State Zip: _____

Geocode: _____

School District: _____

Assessment Code: _____

Affidavit of DAV

I affirm that I have been honorably discharged from active service in the armed forces, currently rated 100% disabled or compensated at the 100% disabled rate due to a service-connected disability. I own and occupy the property on which I am applying and my adjusted gross income is not more than \$43,218 if single or \$49,867 if married. If your disability rating is permanent, a letter of eligibility need only be submitted once.

☐ Single – Adjusted Gross Income \$ _____ ☐ Married – Adjusted Gross Income \$ _____

A copy of your 2006 federal or state income tax return must be included with this application. If you are not required to file a federal income tax return, please state the reason: _____.

Under penalty of law, I affirm that the information provided in this form is true and correct.

Signature _____ SSN _____

Phone _____ Date _____

Affidavit of Surviving Spouse of DAV

I affirm that I am the surviving spouse of a veteran who was 100% service-connected disabled or compensated at the 100% disabled rate at the time of death, died while on active duty, or died as a result of a service connected disability. I have remained unmarried, own and occupy this property and have an adjusted gross income, as reported on the latest federal income tax return, of not more than \$37,678.

Adjusted Gross Income \$ _____

A copy of your 2006 federal or state income tax return must be included with this application. If you are not required to file a federal income tax return, please state the reason: _____.

Under penalty of law, I affirm that the information provided in this form is true and correct.

Signature _____ SSN _____

Phone _____ Date _____

Department Use Only

Current Letter of Disability

Verification of Income

Granted

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

Single		Married		Surviving Spouse		%	Class Codes		
\$ 0 - \$	\$ 33,245	\$ 0 - \$	\$ 39,894	\$ 0 - \$	\$ 27,704	00	2140	3145	6245
\$ 33,246 - \$	\$ 36,569	\$ 39,895 - \$	\$ 43,218	\$ 27,705 - \$	\$ 31,029	20	2141	3146	6246
\$ 36,570 - \$	\$ 39,894	\$ 43,219 - \$	\$ 46,543	\$ 31,030 - \$	\$ 34,353	30	2142	3147	6247
\$ 39,895 - \$	\$ 43,218	\$ 46,544 - \$	\$ 49,867	\$ 34,354 - \$	\$ 37,678	50	2143	3148	6248